

11/9/09 POC accepted  
 6. [Signature] HFSM  
 letter sent

PRINTED: 10/09/2009  
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Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  NVS666HOS	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  C 09/22/2009
NAME OF PROVIDER OR SUPPLIER  U M C OF SOUTHERN NEVADA		STREET ADDRESS, CITY, STATE, ZIP CODE 1800 WEST CHARLESTON BLVD LAS VEGAS, NV 89102		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments  This Statement of Deficiencies was generated as a result of complaint investigation conducted in your facility on 09/22/09, in accordance with Nevada Administrative Code, Chapter 449, Hospitals.  Complaint #NV00022585 was substantiated with deficiencies cited. (See Tags S0526 and S0527)  A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included.  Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements.  The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.  The following deficiencies were identified:	S 000		
S 526 SS=A	NAC 449.379 Medical Records  8. All medical records must document the following information, as appropriate: (h) The final diagnosis of the patient. This Regulation is not met as evidenced by: Based on interview and record review the facility failed to ensure a patient's discharge summary	S 526	<b>Action Taken:</b> Individual Physician was counseled by the Director of Medical Records on 10/21/09 regarding no final diagnosis on the expiration summary and reported to Medical Staff Office. Physician, when questioned, stated that he did not know the cause of death. Autopsy was requested and refused by patient's family. Autopsy results are posted in the medical record when an autopsy is performed by the	

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If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Kathleen Sutton* TITLE *Chief Executive Officer* (X6) DATE *10/23/09*  
 STATE FORM 5899 UQR911 If continuation sheet 1 of 2

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S 526	Continued From page 1  included the final diagnosis and cause of death of the patient. (Patient #1)  Severity: 1      Scope: 1	S 526	<b>S-526 (continued)</b> UMC Pathologist. Medical Staff Rules & Regulations do require final diagnosis as part of discharge summary. Appropriate Medical Staff Department Chief involved in review process and trending.	
S 527 SS=A	NAC 449.379 Medical Records  9. The medical record of a patient must be completed not later than 30 days after the date on which he is discharged.  This Regulation is not met as evidenced by: Based on interview, record review and document review the facility failed to complete the medical record of a patient and include the discharge summary within 30 days of the patient's death. (Patient #1)  Severity: 1      Scope: 1	S 527	<b>Action Taken:</b> Physicians with records incomplete at 30 days are suspended, according to policy. Physician involved in this complaint was suspended at the time of review. UMC was acting within policy, and delinquency rate well below that allowed by The Joint Commission Standards (<50%) – on the date of review (9/22/09), UMC delinquency rate was 11%.  <b>Plan of Corrective Action:</b> Physicians with records incomplete at 30 days are suspended, according to policy. Physician involved in this complaint was suspended at the time of review. Medical Staff Rules & Regulations stipulate that all records be completed within 30 days of discharge. Physicians with records incomplete at 30 days are suspended, according to policy  <b>Monitoring Process:</b> As stated in S-526, 10% of discharges will be monitored for completion for three months (Oct-Dec 09) within 30 days of discharge utilizing the sample collected for monitoring a final diagnosis on the discharge summary.  <b>Responsible Person(s):</b> Director Medical Records Medical Staff Leadership  <b>Date Completed:</b> December 31, 2009	

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S 526	Continued From page 1  included the final diagnosis and cause of death of the patient. (Patient #1)  Severity: 1      Scope: 1	S 526	<b>S-526 (Continued)</b> <b>Plan of Corrective Action:</b> New physician documentation requirement educational materials have been developed and will be distributed to all nursing areas to have placed in each medical record, outlining components of reports that are required and timelines involved at the 10-26-09 Nurse Director's	
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S 526	Continued From page 1  included the final diagnosis and cause of death of the patient. (Patient #1)  Severity: 1      Scope: 1	S 526	S-526 (Continued) meeting. This material will also be posted in the Medical Staff dining room, and in the Physician's chart room in the Health Information Department.	
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S 526	Continued From page 1  included the final diagnosis and cause of death of the patient. (Patient #1)  Severity: 1      Scope: 1	S 526	<b>S-526 (Continued)</b> will be 10% of the daily discharges selection for review will be using every 5 <sup>th</sup> name until 10% of discharges are identified.  <b>Responsible Person / Title:</b> Director Medical Records  <b>Completion Date:</b> December 31, 2009	
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